

## Division of Building Services <u>Egress Window Permit</u>

Applicant Please Complete Items 1-9 (Staff may need to help answer some of the questions)

1	2.		
Address (where the egress window will	be installed) Le	gal Description of Property (l	Lot, Block, Subdivision)
3. Owner of Record (of property) Mailing Address, City, Stat		tate, Zip	Phone
4	Ç , , , , ,	•	
General Contractor	Mailing Address, City, St	rate, Zip Phone	Registration #
5. CHECKLIST -ALL QUESTIONS MU	JST BE ANSWERED – SEE	STAFF FOR ASSISTAN	ICE
Flood Plain / Flood Fringe YES NO Base Flood Elevation (BFE)  Location of Egress Window (side, rear, front)		Was home constructed prior to 1978? YES NO  If yes, PRE appliesforms required to be submitted by contractor:	
		CRN copy rec'd	LPN Affidavit rec'd
Location and Size of Easements			
6. Applicant's Name	7. Phone Number	8. Applicant F	Represents:
9. Signature of Applicant:			Date:
Application Accepted By:	Date:	Permit Nu	mber
(Staff Signatus			
General R  1. Deviation from the approved site pla 2. Note the smoke detector letter attach 3. A separate building permit is require 4. Provide a permanent ladder if winde 5. Egress windows installed in building flood elevation. An elevation certifi 6. A final inspection is required. The provide condition(s):	ned to this permit.  ed prior to finishing the base ow well is more than 44" dee gs in the flood plain shall ha cate shall be submitted prior	ment ep. Provide at least a 36 we the top of the window to the final inspection.	"X36" space for vertical access. w well elevated above the base
Approved By: Date	ate: Permit Fee:	Receipt #	Date Issued:
Keen this permit readily available for th		to do the work as describ final inspection and then	ed above. keep in your permanent records